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How Influencers, Celebrities, and FOMO Can Win Over Vaccine Skeptics

by Rohit Deshpandé, Ofer Mintz, and Imran S. Currim

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Drawing from product innovation theory, **Rohit Deshpandé** and colleagues offer three recommendations to speed adoption of COVID-19 vaccines.

With people all over the world beginning to get COVID-19 vaccines, most of the press coverage so far has focused on its amazing development. What's receiving less attention is a critical last-mile issue that could stand in the way of achieving herd immunity: patient hesitation, also known as the "shots-in-arms" problem.

In the United States, polls suggest that about 40 percent of adults prefer to not take the vaccine. In France, Russia, South Africa, Japan, Italy, Spain, and Germany, between a third and half of adults do not plan to take the vaccine. In addition, much of the global population is uncertain about what vaccine supplies, if any, are available or when they will be.

The World Health Organization estimates that at least 60 to 70 percent of the population would need to be vaccinated to reach herd immunity. While vaccines are in short supply now, production will likely ramp up as more options hit the market.

Some countries, such as Israel, have been quite successful in getting vaccine adoption. Others, such as the United States and members of the European Union, have struggled, while many others, such as Australia, Japan, and South Korea, have not even begun their vaccination efforts.

In contrast to the product-centric view employed to develop and distribute the vaccines, the shots-in-arms problem of convincing people to be vaccinated requires patient- or customer-centric solutions.

Diffusion of innovations—a theory that typically applies to new products—offers a framework for increasing the number of people who are willing, if not eager, to get vaccinated.

Based on the traditional diffusion model, the number and types of people who adopt new products or seek to get vaccinated in a population can be classified into five segments: innovators, early adopters, early majority, late majority, and laggards. Each of the five segments has its own behavioral and demographic characteristics, with varying levels of uncertainty about the value of product characteristics that are resolved over time.

The central premise of the diffusion of innovations framework is that customer or patient segments that adopt early will influence later adopters. Innovators will influence early adopters, who then influence the early and late majority, who then influence the laggards.

To be sure, the stakes for COVID-19 vaccination are much greater than those for high technology products. Delays to getting shots in arms can reduce the odds of reaching global herd immunity, reinforce safety and health concerns across countries, and slow down the world's economic recovery. It's crucial that we move quickly to convince more people to get vaccinated.

Three steps to speed vaccine adoption

Governments are prioritizing certain groups to receive the vaccine, with medical professionals and certain government personnel at the top, followed by first responders and vulnerable populations, and then the general population. The diffusion of innovations model indicates that each of these groups will have five customer segments based on their willingness to get vaccinated earlier or later. For example, some medical professionals will be eager to get vaccinated early (the innovators, early adopters, and majority) while others will wait (the late majority and laggards).

So, how do we maximize the number of individuals in any prioritized group who are willing, if not eager, to get vaccinated as soon as possible?

The answer requires keen understanding of each segment, for example, of both the seniors in the early majority and the seniors that are laggards less keen on taking the vaccine. The diffusion of innovations research indicates that a combination of personal and societal factors influence the rate of adoption within and between segments factors, with the ultimate driver being word of mouth.

For the COVID-19 vaccine, the personal factors include people's perceived efficacy and need for the vaccine, past immunization experiences, and opinions about vaccines more generally, along with those of their families.

Societal drivers include the advice of experts, media, and other influencers within their demographic, socioeconomic, and innovation adoption segment. Influencers will need to mitigate concerns about the "newness" of the vaccine, such as the probability of side effects and solutions when they occur. They will also need to reinforce the positive consequences of taking the vaccine, such as the ability to visit family, go to work, and have more entertainment options.

With those factors in mind, we offer three customer-centric recommendations to speed adoption of the COVID-19 vaccine across innovation segments:

1. Innovators: Recognize and activate their influence

Innovators have the most to gain from the intrinsic value of the innovation and are most enthusiastic about adopting it early. There is also the extrinsic value of status, pride, and prestige that sets them apart from others in their segment and those who adopt the innovation later. Since innovators are the first to adopt and are more likely to influence others, they do not need to be influenced. However, organizations should harness their influence, using targeted communication to activate word of mouth between innovators and early adopters.

For example, key government officials can serve as mega-influencers by promoting their willingness to be immunized through traditional and digital media. Throughout the history of vaccines efforts, presidents, prime ministers, and leading health authorities have publicized their own shot-in-arm adoption.

"THE UK'S NATIONAL HEALTH SERVICE IMPROVED INFLUENZA VACCINE ADOPTION BY EMPLOYING MEDICAL PROFESSIONALS IN ITS MEDIA EFFORTS."

Doctors, nurses, and medical professionals are also opinion leaders because patients trust their health care providers as a main source of vaccine information. For that reason, medical professionals can serve as micro-influencers to other segments by posting pictures on social media of their vaccination cards or themselves actually getting the shot.

These influencers should describe the importance of their decision, such as the pride they feel about being vaccinated, to their families, patients, and friends as well as the general public. There is evidence that this strategy works: Between 2008 and 2010, the UK's National Health Service improved influenza vaccine adoption by employing medical professionals in its media efforts.

2. Early adopters and the early majority: Recognize and address uncertainty

The early adopters and early majority segments have the next to most to gain from the intrinsic value of the innovation and are similarly enthusiastic about adoption. They may have some uncertainties about the vaccine. For example, polls have identified concerns about side effects and a rushed vaccine

approval process as the main inhibiting factors. Innovators can play a key role in influencing early adopters by addressing their uncertainties. Similarly, innovators and early adopters can go on to influence the early majority, who then can influence the late majority and laggards.

While instilling confidence is important, it's equally important to be clear about how and where to get vaccinated and the convenience of the process. Simplicity and transparency in the enrollment process is essential. Israel's easy-to-use enrollment system, which used the websites of the four main health care organizations to direct people to clinics, helped the country get the word out early on and increase shots in arms.

"WHEN POLIO WAS RAMPANT, ELVIS PRESLEY EXTOLLED THE BENEFITS OF HIS OWN WIDELY PUBLICIZED VACCINATION, GENERATING BUZZ."

Communicating even a broad timeline also removes uncertainty and instills confidence in the process. The combination of confidence and convenience can generate momentum and enthusiasm not just for early adopters and the early majority, but for the late majority and laggards as well. The traditional business diffusion model calls this approach "growth hacking" because most of the growth takes place when the early adopters and early majority purchase products, spurring rapid adoption by late majority and laggard segments.

Once the vaccine is available to the early majority, it is important to employ word-of-mouth "seeding" techniques. That means enlisting mega-influencers—celebrities, prominent clergy, and social leaders—and everyday people who serve as micro-influencers to endorse the vaccine and encourage people to seek it.

In the 1950s, when polio was rampant, Elvis Presley extolled the benefits of his own widely publicized vaccination, generating buzz about the shot. To encourage influenza vaccinations in 2010, BlueCross BlueShield of Louisiana highlighted both mega- and micro-influencers on billboards, TV ads, and social media, increasing immunizations by 64 percent from the year before. And in 2010, in response to the swine flu pandemic, Sweden created vaccination badges for young people to post on social media, providing them prestige and social status.

3. Late majority and laggards: Incentivize their FOMO

The late majority and laggards believe they have the least to gain from the intrinsic value of the innovation. Some of them question the value of the COVID-19 vaccine and plan to take a wait-and-see approach. Others may have concerns about immunizations in general, or even outright opposition to vaccines and government efforts to facilitate them. Their personal social networks may comprise people who share their views.

However, getting their compliance is crucial to achieving herd immunity. For that reason, we recommend a two-pronged effort:

Educate to reduce uncertainty. First, we recommend employing trusted micro-influencers from the same communities, such as medical providers and political leaders, along with reputable mega-influencers, such as celebrities with similar backgrounds and interests, to put members of this segment at ease. Two common tactics:

- **Sizing up the alternatives**. Influencers can highlight the pros and cons of getting the vaccine vs. refusing, tailoring for a target audience's pre-existing condition, for example.
- **Illustrating the odds of bad outcomes.** The use of relative probabilities of very unlikely but well-known occurring events, such as likelihood of being struck by lightning or a toaster mishap causing electrocution, can alleviate concerns about the likelihood of side effects.

Inspire FOMO. Second, we recommend incentivizing the fear of missing out, both socially and economically. For example, recently 82 percent of adults said they are not comfortable visiting family or close friends inside their homes during the COVID-19 pandemic. This inability to socialize is more likely to influence late majority and laggard groups to take the vaccine than health-related messages. Similarly, past research about preventing teenagers from smoking cigarettes found that highlighting the habit's negative social effects, such as being left out of social settings, was the best way to sway teens. Some popular methods:

- **Creating uncertainty about pricing**. Many countries, including the US, Israel, UK, Australia, India, and some EU nations, have stated that the vaccines will be provided to citizens free of charge—at least for the first year. This temporary price promotion strategy can create an act-now force related to the FOMO on the benefit. Any skepticism on pricing needs to heavily emphasize the cons of not taking the vaccine, such as the financial costs of a COVID-19 infection and treatment, including missing work, hospitalization, or many of the much harsher consequences. India's fight against HIV provides a good example to follow: Cipla, the maker of generic drugs, provided a simple message: Its low-priced drugs treated life-threatening conditions, and this message was amplified through activist and non-profit groups' social networks.
- **Inducing guilt and regret**. This method was successfully employed in Canada in the 1930s and 1940s to confront diphtheria, which was affecting up to one in seven Canadian children. Simple messages of guilt, with statements like "if your children die of diphtheria, it is your fault because you prefer not to take the trouble to protect against it" proved to be effective and led the late majority to vaccinate their children.

Since multiple vaccines and data on vaccines may be available by the time the late majority and laggards are ready to make a decision, it is important that trusted sources inform this segment, so that they feel they are educated and making the correct choice. For example, in 2016, US health authorities successfully used such a strategy during the Zika virus scare to pinpoint the late majority and laggard segments of vulnerable populations based on their demographics, behavior, and interests, allowing them to target their messages.

Key leaders are critical to converting the late majority and laggard segments. In Israel, for example, wariness of government officials has made many Israeli Arab and highly religious Jewish Orthodox populations reluctant to get immunized. To counter their distrust, one Israeli Arab mayor directly called more than 25,000 Israeli Arab phones to urge them to get vaccinated, describing the act as "holy for everyone." At the same time, a leading Orthodox Jewish Rabbi issued a public ruling that described the vaccine's side effects as negligible compared to the potential harm of the actual virus.

By applying the theory of diffusion of innovations, we hope efforts at accelerating global herd immunity through vaccinations will succeed. The implications of global herd immunity will result in greater safety, freedom of movement and gatherings for social purposes, and the eventual opening up and recovery of the world economy.

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